

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**MAY 15 1994
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
1900 Bank Center, Suite 1400
Tallahassee, Florida 32399-0001

DOCUMENT # H46958

(5)

ODYSSEY TRAVEL, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 1474 W. GRANANDA BOULEVARD SUITE 495 ORMOND BEACH FL 32174 US		2a. Mailing Address 1474 W. GRANANDA BOULEVARD SUITE 495 ORMOND BEACH FL 32174 US		3. Date Incorporated or Qualified 03/07/1958	3a. Date of Last Report 05/01/1994
2. Foreign Office Address	2b. Mailing Address	4. FPI Number 59-2499690	Applied For Not Applicable		
21. State Agent # etc.	26. State Agent # etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
23. City & State	28. City & State	6. Does corporation qualify for a discount rate under § 190.04, Florida Statutes? ☐ Yes ☐ No			
24. City & State	25. City & State	29. City & State	30. City & State		

9. Name and Address of Current Registered Agent

**UPCHURCH, JOHN
1474 W. GRANANDA BOULEVARD
SUITE 495
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (if O. Box Number is Not Applicable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.01(9)(b), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if applicable)

Signature of New Registered Agent (if applicable)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D UPCHURCH, KAREN 1474 W. GRANANDA BOULEVARD, STE. 495 ORMOND BEACH FL		1. NAME D UPCHURCH, KAREN 1474 W. GRANANDA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add
NAME D MACLEOD, BARBARA 1474 W. GRANADA BLVD., STE 495 ORMOND BEACH FL		2. NAME D MACLEOD, BARBARA 1474 W. GRANADA BLVD., STE 495 ORMOND BEACH FL	☐ Change ☐ Add
NAME VD UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL		3. NAME VD UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add
NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL		4. NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add
NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL		5. NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add
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NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL		7. NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add
NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL		8. NAME D UPCHURCH, JOHN 1474 W. GRANADA BOULEVARD, STE. 495 ORMOND BEACH FL	☐ Change ☐ Add

14. I, the undersigned, certify that the statements supplied with this filing are accurately furnished and do not qualify for the exemption stated in Section 190.04(9)(b), Florida Statutes. I further certify that the statements made about on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. Part 1 of this application or statement of this corporation on the treatment of shareholders is forwarded to me with this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1 of Block 1 of this report or on an attachment with an address.

SIGNATURE:

Karen J. Upchurch
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT STATE
Sandra B. Merritt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

RECEIVED MAY 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H47102** (9)
1. Corporation Name:
RAINBOW PAINTING OF THE PALM BEACHES, INC.

Principal Place of Business: **% KENNETH L. HOON
508 WILLETT ST.
JUPITER FL 33458**
Mailing Address: **% KENNETH L. HOON
508 WILLETT ST.
JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
Suite, Apt. # etc: **22**
City & State: **23**
24 25 26 27 28 29 30

3. Date incorporated or Qualified: **03/14/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2510584**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.04, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HOON, KENNETH L.
508 WILLETT ST.
JUPITER FL 33458**

10. Name and Address of New Registered Agent

11. Name:
12. Street Address (P.O. Box Number is Not Acceptable):
13. City: **FL 85** Zip Code: **33458**

11. Pursuant to the provisions of Sections 607.04, 607.05, and 607.1508, Florida Statutes, the undersigned hereby certifies that the information furnished in this report is true and correct, and that the undersigned is duly qualified to act as registered agent for the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME: **P HOON, KENNETH L.**
12.2 STREET ADDRESS: **508 WILLETT ST.**
12.3 CITY: **JUPITER FL**
12.4 NAME: **VST HOON, CAROL A.**
12.5 STREET ADDRESS: **508 WILLETT ST.**
12.6 CITY: **JUPITER FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Markman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 10 1995

DOCUMENT # **H47129** (2)
1. Corporation Name:
CREATIVE COUNSELING ASSOCIATES, INCORPORATED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Office Address: 103 E. LAUREN CT. FERN PARK FL 32730		2a. Mailing Address: 103 E. LAUREN CT. FERN PARK FL 32730		3. Date incorporated or organized: 03/14/1985	3a. Date of last report: 05/01/1994
21. Principal Office City: 21	2a. Mailing Address City: 26	4. FID Number: 54-1322836	Applied For: ☐ Not Applicable		
22. Principal Office State: 22	2a. Mailing Address State: 27	5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required		
23. Principal Office Zip: 23	2a. Mailing Address Zip: 28	6. Election Campaign Financing: Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
24. City: 24	25. County: 25	29. City: 29	30. County: 30	8. This corporation has liability for intangible tax under the Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent: DE LUDE, EDWARD G. 103 E. LAUREN COURT FERN PARK FL 32730				10. Name and Address of New Registered Agent:	
				81. Name:	
				82. Street Address (P.O. Box Number is Not Acceptable):	
				83.	
				84. City:	
				85. State:	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1905, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.1905, Florida Statutes.

SIGNATURE: _____
I, _____, being duly sworn, depose and say that _____ is the duly authorized officer or director of the above named corporation and is qualified to execute this statement.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PT BUSH, CAROL ANN	12.2 STREET ADDRESS: 2577 COVE POINT PLACE	13.1 NAME:	☐ Change ☐ Addition
12.3 CITY: VIRGINIA BEACH VA	12.4 STATE: VA	13.2 STREET ADDRESS:	☐ Change ☐ Addition
12.5 CITY:	12.6 STATE:	13.3 NAME:	☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That any officer or director of this corporation or the secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, must concur with an address.

SIGNATURE: Carol Bush
SIGNATURE AND TYPE OR PRINTED NAME OF CLERK OF OFFICE OR DIRECTOR
CAROL BUSH
5-18-95 1-487-888-4997
0048950 CP